

## Sponsor Application Parent Consent and Agreement to Release

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Last)

(First)

I hereby give permission for my son / daughter \_\_\_\_\_ to participate in the SHAPE Youth Sponsorship Program. My child / youth may participate in all program related activities on SHAPE.

I understand that my child / youth needs to be registered with Child and Youth Services and I will need to complete a field trip permission form, for my child / youth to attend activities off SHAPE.

In case of emergency, I give my permission for my child (legal ward) to receive medical or dental treatment deemed necessary by qualified medical / dental staff for the health and well-being of this child (legal ward). I understand that I am responsible financially, for all costs incurred as a result of this treatment.

My child (legal ward) is allergic to the following drugs: \_\_\_\_\_

My child (legal ward) has the following medical concerns: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

(Last)

(First)

Name and phone of emergency contact at SHAPE: \_\_\_\_\_

I hereby certify that the information I have given is correct and hereby consent for my son / daughter's participation in the SHAPE Youth Sponsorship Program. I hereby agree to waive, release and discharge SHAPE, and its Staff and volunteers, from any and all claims for damages or injuries that may be incurred by my child (legal ward) during participation of the above named child (legal ward) in this program. I further agree to accept financial responsibility for any claim for damages or injuries resulting from the actions of my child (legal ward) during hi / her participation in this program.

Parent's signature: \_\_\_\_\_

**Return this application to either CAB (Bldg 209) or SAS (Bldg 602) or Teen / Tween Center (Bldg 503).**

## Sponsor Agreement

As a Sponsor in the Sponsorship Program, I agree to do the following:

\* I will attend a Sponsorship Club workshop to learn about my job..

\* I will write a letter (or send an email) to my assigned newcomer (if he/ she has not arrived yet). I will give my letter to Youth Services for mailing.

\* I will meet my newcomer on Sponsorship Club activities and to use the free activity coupons.

\* I will call the Sponsorship Coordinator (065 44 5856) or the Administration Office , Bldg 503, (065 44 5613) if there are any problems with my sponsorship.

\* I will complete a sponsorship evaluation form within 1 month of being a sponsor.

\* I will submit a list of activities to the Sponsorship Coordinator, in order to receive volunteer credit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\* Keep this part of the application form as a reminder of your participation!\*\****